

Brookhaven National Laboratory
CHECK-OUT SHEET
FOR GUESTS, RESEARCH COLLABORATORS AND TECHNICAL COLLABORATORS

NAME _____ LIFE NO _____ DEPT. _____ EFFECTIVE DATE _____

TITLE _____

FORWARDING ADDRESS _____

INSTRUCTIONS

1. THE DEPARTMENT IS RESPONSIBLE FOR INDICATING WITH AN (X) ADDITIONAL ACTIVITIES WHERE A SIGNATURE OF RELEASE IS REQUIRED.
2. A DEPARTMENT REPRESENTATIVE MAY PHONE THE VARIOUS ACTIVITIES AND IF A PERSONAL VISIT BY THE PERSON CHECKING OUT IS NOT REQUIRED THE REPRESENTATIVE MAY THEN SIGN.
3. THE DEPARTMENT IS RESPONSIBLE FOR COMPLETION OF THIS FORM IF THE PERSON IS NOT AVAILABLE AT THE TIME OF CHECKING OUT.
4. AFTER COMPLETING CHECK-OUT ITEMS NO. 1 THROUGH NO. 6 AS INDICATED, THIS FORM IS TO BE PRESENTED TO GUEST PROCESSING OFFICE.

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| 1. <input type="checkbox"/> DEPARTMENT CHECK | S/F ACCT., UNIFORMS,
TOOLS, KEYS | _____ | _____ |
| 2. <input type="checkbox"/> THE ABOVE NAMED PERSON DID NOT HAVE ANY
SENSITIVE PROPERTY ASSIGNED TO HIM/HER. | | _____ | _____ |
| 3. <input type="checkbox"/> THE ITEMS ASSIGNED TO THE ABOVE NAMED
PERSON HAVE BEEN RET'D TO THE DEPT./DIV. | | _____ | _____ |
| 4. <input type="checkbox"/> RESEARCH LIBRARY
25 BROOKHAVEN AVE. | LAB NOTEBOOKS
LIBRARY BOOKS | _____ | _____ |
| 5. <input type="checkbox"/> PATENT OFFICE | PATENT INTERVIEW | _____ | _____ |
| 6. <input type="checkbox"/> ITD, TELECOMMUNICATION SERVICES
61 BROOKHAVEN AVE. | COMPUTER ACCTS. | _____ | _____ |
| 7. <input type="checkbox"/> OTHER | | _____ | _____ |

<input type="checkbox"/> GUEST PROCESSING OFFICE	ID CARD, CAR IDENTIFICATION CLEARED FOR PAYMENT	_____	_____
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<input type="checkbox"/> CASHIER 37 BROOKHAVEN AVE.	PERSONAL BILLS, RENT, ETC. CLEARED FOR PAYMENT	_____	_____
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